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CONFIRMATION NO. 4710

<b>SERIAL NUMBER</b> 10/507,253	<b>FILING OR 371(c) DATE</b> 03/21/2005 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> BIDM-P01-012	
<b>APPLICANTS</b> John V Frangioni, Wayland, MA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/07596 03/11/2003 which claims benefit of 60/363,413 03/12/2002 <b>** FOREIGN APPLICATIONS *****</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 38	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> 28120					
<b>TITLE</b> Medical imaging systems					
<b>FILING FEE RECEIVED</b> 2234	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		